

Michigan Department of Health and Human Services

Outpatient Prospective Payment System (OPPS) 4th Quarter (October 1 – December 31, 2016) Update Information

The Michigan Department of Health and Human Services (MDHHS) Outpatient (OP) and Ambulatory Surgical Center (ASC) Prospective Payment system is based on the Centers for Medicare and Medicaid Services (CMS) OPPS fee schedule documents. Optum, the MDHHS OPPS software vendor, releases annual and quarterly updates for the MI-specific OPPS software based on MDHHS review.

Updates for 4th quarter 2016 have been completed and will be implemented in mid-November. MDHHS will recycle any OPH/APC and any ASC claims impacted as a result of these updates.

For categories covered differently than Medicare or specific to Michigan Medicaid services, MDHHS publishes the MDHHS OPPS/APC Wraparound Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient Hospitals or Ambulatory Surgical Centers. The Wrap-Around Code lists are revised for CMS quarterly and annual updates.

A full report on CMS OPPS/ASC 4th Quarter changes can be found at the following web sites:

- OPPS

<https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update.html>

<https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientpps/Addendum-A-and-Addendum-B-Updates.html>

- ASC

<https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update.html>

<https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/Downloads/2016-Oct-ASC-Addenda.zip>

- Michigan Specific:

www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient Hospitals

www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers

Billing Note

Providers should be careful when reporting multiple services with Status Indicator (SI) J1 on the same claim because NCCI logic may result in no payment for any of the reported comprehensive APC (C-APC) services. Usually when multiple J1 procedures/services are reported on the same claim, the procedure with the highest rank is assigned to the C-APC. Certain code combinations of J1 services will also lead to a complexity adjustment to a higher-paying C-APC.